

## STANDARD CERTIFICATE OF DEATH

State File No. **34139**

FILED SEP 30 1957

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>8546</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Jewish Hospital</b>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <b>University City</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jewish Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>7801 Milan</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>MAX</b>		b. (Middle) <b>L.</b>		c. (Last) <b>SIGOLOFF</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 10, 1957</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Feb. 22, 1897</b>	
9. AGE (In years last birthday) <b>60</b>		10. MONTHS <b>60</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Russia</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Broker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Real Estate</b>		13a. FATHER'S NAME <b>Shulim Sigoloff</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	
13c. NAME OF HUSBAND OR WIFE <b>Helen Sachs Sigoloff</b>		14. NAME OF HUSBAND OR WIFE <b>Helen Sachs Sigoloff</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>W. W. #1</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. M. L. Sigoloff</b>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis - gen.</b> DUE TO (c) <b>Hypertension</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b> <b>5 yrs</b> <b>5 yrs</b>		19. DATE OF OPERATION <b>331x</b>		20. AUTOPSY? <b>YES</b> <input checked="" type="checkbox"/> <b>NO</b> <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from <b>June 19, 50</b> , to <b>9/10</b> , 19 <b>57</b> , that I last saw the deceased alive on <b>9/19</b> , 19 <b>57</b> , and that death occurred at <b>11:30 P.</b> m., from the causes and on the date stated above.		23a. SIGNATURE <b>Miss Cohen</b> (Degree or title) <b>M.D.</b>	
23b. ADDRESS <b>4500 Olive St.</b>		23c. DATE SIGNED <b>9/11/57</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>9/12/57</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Beth Hamedrosh Hagodol Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Herman Rindskopf, Inc.</b>		25. ADDRESS <b>5216 Delmar Bl.</b>	

2. J.B.

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 3880

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.